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|  | NAAF MARINE SERVICES TITLE:- PRE-JOINING MEDICAL EXAMINATION REPORT/CERTIFICATE | NMS/F-04 |  |
| CONFIDENTIAL FORM | | | |
| SURNAME <u>HAIDER</u> | | GIVEN NAME(S) <u>MOHAMMAD ALI</u> | |
| DATE OF BIRTH MONTH <u>01</u> DAY <u>01</u> YEAR <u>1990</u> | | PLACE OF BIRTH CITY <u>CHATTOGRAM</u> COUNTRY <u>BDESH</u> | SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| EXAMINATION FOR DUTY AS: MASTER <input type="checkbox"/> DECK OFFICER <input type="checkbox"/> ENGINEERING OFFICER <input checked="" type="checkbox"/> RATING <input type="checkbox"/> OTHERS (RANK: <u>ETO</u>) <input type="checkbox"/> | | MAILING ADDRESS OF APPLICANT: <u>MOHARA, MOHARA, CHANDGAON</u> <u>CHATTOGRAM, BANGLADESH.</u> | |
| MEDICAL EXAMINATION (SEE REVERSE SIDE FOR MEDICAL REQUIREMENTS) STATE DETAILS ON REVERSE SIDE | | | |
| HEIGHT <u>5'10"</u> | WEIGHT <u>78KG</u> | BLOOD PRESSURE <u>135/85MMHG</u> | PULSE <u>80/MIN</u> |
| RESPIRATION <u>16/MIN</u> | | GENERAL APPEARANCE <u>GOOD.</u> | |
| VISION: WITHOUT GLASSES WITH GLASSES | | HEARING: RT. EAR <u>NORMAL</u> LEFT EAR <u>NORMAL</u> | |
| RIGHT EYE <u>6/9</u> LEFT EYE <u>6/9</u> RIGHT EYE <u>6/6</u> LEFT EYE <u>6/6</u> | | | |
| COLOR TEST TYPE: BOOK <input checked="" type="checkbox"/> LANTERN <input type="checkbox"/> CHECK IF COLOR TEST IS NORMAL - YELLOW <input checked="" type="checkbox"/> RED <input checked="" type="checkbox"/> GREEN <input type="checkbox"/> BLUE <input type="checkbox"/> | | | |
| ARE GLASSES OR CONTACT LENSES NECESSARY TO MEET THE REQUIRED VISION STANDARDS? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| HEAD AND NECK <u>NORMAL</u> | | HEART (CARDIOVASCULAR) <u>NORMAL</u> | |
| LUNGS <u>CLEAR</u> | | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? <u>YES.</u> | |
| EXTREMITIES: UPPER <u>NORMAL</u> LOWER <u>NORMAL</u> | | | |
| IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY WORKING ABOARD A VESSEL, OR TO RENDER HIM/HER UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| IS APPLICANT TAKING ANY NON-PRESCRIPTION OR PRESCRIPTION MEDICATIONS? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| <u>Haider</u> SIGNATURE OF APPLICANT | | <u>07 JUN 2022</u> DATE | |
| THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN | | | |
| THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO: <u>MOHAMMAD ALI HAIDER</u> NAME OF APPLICANT | | | |
| THIS APPLICANT IS CERTIFIED FREE OF COMMUNICABLE DISEASE (OR VIRUSES FOR COOKS): YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| SEAFARER IS FOUND TO BE <input checked="" type="checkbox"/> FIT / <input type="checkbox"/> NOT FIT FOR DUTY AS A <input type="checkbox"/> MASTER / <input type="checkbox"/> DECK OFFICER / <input checked="" type="checkbox"/> ENGINEERING OFFICER / <input type="checkbox"/> RATING / <input type="checkbox"/> CHIEF COOK / <input type="checkbox"/> COOK / <input checked="" type="checkbox"/> WITHOUT ANY RESTRICTIONS / <input type="checkbox"/> WITH THE FOLLOWING RESTRICTIONS: | | | |
| NAME AND DEGREE OF PHYSICIAN <u>DR. MD. Ayubur Rahman</u> <u>M.B.B.S. P.G.T (Medicine)</u> <u>Taher Chamber</u> <u>10, Agrabad C/A, Chittagong</u> <u>BMDC Reg No: A-11820</u> <u>AND APPROVED BY</u> <u>DG Shipping</u> <u>Govt. of Bangladesh</u> | | DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE <u>07 JUN 2022</u> | |
| SIGNATURE OF PHYSICIAN <u>DR. MD. AYUBUR RAHMAN</u> <u>M.B.B.S. P.G.T (Medicine)</u> <u>Taher Chamber</u> <u>10, Agrabad C/A, Chittagong</u> | | DATE <u>07 JUN 2022</u> | |

This certificate is in compliance with the requirements
of the Medical Examination (Seafarers) Convention 1946 (ILO No. 73, STCW I 9/A)

(CONTROLLED DOCUMENT)

Quality Manual: Naaf Marine Services, Chittagong, Bangladesh: July 2012